

## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE . Secretary of State

**FEBRUARY 06, 2004** 

0111253-8

IL CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703-0000

RE CHICAGO 10MHZ, LLC

#### DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND AN APPROVED APPLICATION OF ADMISSION.

THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION TELEPHONE (217)524-8008

esse White

JW:LLC

Springfield, Illinois 62756

EXHIBIT

A

Form LLC-45.5

December 2003

Jesse White Secretary of State Department of Business Services Limited Liability Company Division Room 351, Howlett Building Springfleid, IL 52756 http://cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's C.P.A.'s check or money order, payable to "Secretary of State."

### Illinois **Limited Liability Company Act**

Application for Admission to Transact Business

#### Submit in Duplicate Must be typewritten

This space for use by Secretary of State

Date 2-6-04, 252 0111

Assigned File #

Filing Fee \$500 Penalty ( Approved:

This space for use by Secretary of State

# FILED

FEB 0 6 2004

LIMITED LIABILITY CO. DIV. JESSE WHITE SECRETARY OF STATE

1.	Limited Liability Company name: Chicago 10Mhz, LLC  (Must comply with Section 1-10 of ILLCA or article 2 below applies.)	
2.	The assumed name, other than the true company name, under which the LLC proposes to transact business in Illinois is:  (If applicable, a form LLC-1.20, Application to Adopt an Assumed Name, is required to be completed and attached to this application.)	
3.	Jurisdiction of Organization: Delawage	
4.	Date of Organization: 4-6-2000	
5.	Period of Duration: Perpetual	
6.	The address, including county, of the office required to be maintained in the jurisdiction of its organization, or if not required, of the principal place of business (Post office box alone and c/o are unacceptable):  (See #14 on back)	
	2711 Centerville Rd.; Suite 400	
	(Number) (Street)	(Suite)
	Wilmington, DE 19808 New Castle County	
	(City/State) (ZIP Code)	(County)
7.	Registered agent: Illinois Corporation Service Co	mpany
	(First Name) (Middla Name)	(Last Name)
	Registered Office: 801 Adlai Stevenson Drive	
	(Number) (Street)	(Sulle #)
	(P.O. Box or c/o Springfield, IL Sangamor	
	are unacceptable) (County) (County)	(ZIP Code)
8.	The date on which this foreign LLC first did busines	s in Illinois: upon qualification

#### LLC-45.5

9. The purpose or purposes for which the company is organized and proposes to conduct in this State: Include the business code # (IRS Form 1065).

513300 Wireless telecommunications

10. The limited liability company is managed by:

manager(s)

■ vested in member(s)

- 11. The Illinois Secretary of State is hereby appointed the agent of the limited liability company for service of process under the circumstances set forth in a subsection (b) of Section 1-50 of the ILLCA.
- 12. This application is accompanied by a certificate of good standing or existence, as well as a copy of the articles of organization, as amended, duly authenticated within the last thirty (30) days, by the officer of the state or country wherein the LLC is formed.
- 13. If the period of duration is a date certain and is not stated in the Articles of Organization from the domestic state, a copy of that page from the Operating Agreement stating the date must also be submitted.
- 14. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated February 4 2004
(Month/Day) (Year)

(Signature) / (Signature must comply with Section 6-45 of ILLCA)

Karen M. Stewart-Shipman, Assistant Secretary

(Type or print name and title)

Cellco Partnership, Its Sole Member

"(if applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)

<sup>\*</sup>Please refer to Sections 178.20(d) of the Administrative Rules ucits